

## Customer Feedback Form

Thank you for visiting Calibre Sales Inc. We value all of our customers and strive to meet everyone's needs. Please tell us the date and time of your visit:

Did we respond to your customer service needs today?  YES  NO

Was our customer service provided to you in an accessible manner?

YES  SOMEWHAT  NO (please explain below)

Did you have any problems accessing our goods and services?

YES (please explain below)  SOMEWHAT (please explain below)  NO

Please add any other comments you may have:

Contact information (optional, if you require us to contact you):

Thank you.

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For Office Use Only:

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_

Date: \_\_\_\_\_

## Record of Customer Feedback

Date feedback received: \_\_\_\_\_

Name of customer **[optional]**: \_\_\_\_\_

Contact information (if customer requires a response)\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details:

Action to be taken:

Follow-up:

Staff member: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please note:** There may be privacy implications for organizations collecting personal information.